

VENDOR / PARTICIPANT COMPLAINT WISCONSIN WIC PROGRAM

Print clearly using blue or black ink. The completed form is to be submitted to your Local WIC Project Office.

SECTION I

Complaint filed by

Participant _____ Vendor _____ Other _____

Name _____

Address _____

City _____

Complaint is against

Participant _____ Vendor _____ Other _____

Name _____

Address _____

City _____

SECTION II

This section to be completed by person making the complaint

Date of incident _____

Person who witnessed incident _____ Telephone (_____) _____
(if different from person filing complaint)

Address _____
Street City State Zip

Description of complaint (Provide as much information as possible. Use the reverse side of form if needed)

SIGNATURE - Complainant _____ Date Signed _____

SECTION III

This section to be completed by WIC Program Representative

Date Complaint Received _____

Representative Receiving Complaint _____

Title _____ Project Name _____ Project No. _____

Resolution of Complaint _____

Contacted WIC Vendor Management Section Yes _____ No _____